☐ Initial Application
■ Amended Application

Date: 05/01/2023



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-352-CT

| Candidate | | | |
|--|---|---|--|
| Committee Name (required): first or last name & office) | Janet "JL" Wittenb | oraker For City of Tucson Ma | ayor |
| Candidate Information: | Candidate's Name (required): | Janet Lynn Wittenbraker | |
| | Candidate's mailing address (required): | 2830 E Camino Pocero Parque Tucsor | n, Arizona 85716 |
| | Candidate's email address (required): | jlwitten@asu.edu | |
| | Candidate's phone number (required): | (520) 275-1491 | |
| | Candidate's website (if any): | | |
| Office Sought (choose one): | ■ Mayor □ Council Member, Ward | V | |
| Election Cycle for Office Soug | ght (year the election will take place) (requ | ired): | |
| Party Affiliation: (required) | ☐ Democrat ☐ Libertarian ☐ Re | publican | |
| S | | | 3 |
| | | | The state of the s |
| ☐ Political Action Comm | production on the contract | | <<===================================== |
| Committee Name (required): (if sponsored, must include sponsor's name) | | | |
| Political Function (optional): (select any that apply) | | lated Independent Expenditures ☐ Recall Expenditures | |
| Sponsorship Information: | Sponsor's name or nickname (required): | | SAN TOLK |
| (if applicable) | Sponsor's mailing address (required): | | |
| | | | |
| | | | |
| | Sponsor's website (ii any): | | |
| Special Status must be filed (if applicable) | ☐ Standing Commit | te Segregated Fund of a Corporation, LLC tee (must also complete separate standin f of Mega PAC status to filing officer) (am | g committee registration) |
| ☐ Political Party | | | |
| Committee Name (required): (must include party affiliation) | | | r. |
| Jurisdiction: | 5 W | alification pursuant to A.R.S. § 16-801 or § | (8) |
| | | ualification pursuant to A.R.S. § 16-802 o | |
| | | | |
| | Legislative District Party (must include | | - |
| | | e proof of organization pursuant to A.R.S. of of qualification pursuant to A.R.S. § 16- | |



Date: 05/01/2023



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COMMITTEE ID NUMBER (office use only)

23-352-CT

COMMITTEE INFORMATION:

| / | | |
|---|--------------------------------|---|
| | Contact Information: | Committee's mailing address (required): |
| | | Committee's email address (required): |
| | | Committee's phone number (if any): |
| | | Committee's website (if any): |
| | Chairperson's Information: | Chairperson's name (required): |
| | | Chairperson's physical address (required): |
| | | Chairperson's mailing address (if different): |
| | | Chairperson's email address (required): |
| | | Chairperson's phone number (required): |
| | | Chairperson's employer (required): |
| | | Chairperson's occupation (required): |
| | Treasurer's Information: | Treasurer's name (required): |
| | | Treasurer's physical address (required): |
| | | Treasurer's mailing address (if different): |
| | | Treasurer's email address (required): |
| | | Treasurer's phone number (required): |
| | | Treasurer's employer (required): |
| | | Treasurer's occupation (required): |
| | Bank or Financial Institution: | Bank name (required): |
| | (do not list acct numbers) | Additional bank name (if applicable): |
| / | | Additional bank name (if applicable): |

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.